

**THIRD ANNUAL DOL REGION V YOUTH DEVELOPMENT CONFERENCE  
PROMISING PRACTICES AWARD NOMINATION FORM**

**CONTACT INFORMATION**

PERSON SUBMITTING NOMINATION:

Name:

Position:

Organization:

Street:

P.O. Box:

City, State, Zipcode:

Telephone:

Fax:

E-Mail:

Preferred Method of Contact:      Phone      E-Mail

PERSON WHO CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE  
PROMISING PRACTICE (COMPLETE ONLY IF DIFFERENT THAN ABOVE)

Name:

Position:

Organization:

Street:

P.O. Box:

City, State, Zipcode:

Telephone:

Fax:

E-Mail:

Preferred Method of Contact:      Phone      E-Mail

**WHAT IS THE PROMISING PRACTICE?**

**Short Descriptive Title:**

**In 2-3 sentences, briefly describe the Promising Practice:**

**In 2-3 sentences, describe the problem or issue the Promising Practice addresses:**

**Criterion(ia) under which the Practice qualifies:**

\_\_\_ Superior results or performance

\_\_\_ New or innovative use of resource(s)

\_\_\_ Positive recognition through an audit, assessment or awards process by industry experts

\_\_\_ Positive recognition by a significant number of your organization's customers

Describe how it qualifies in the space provided. Include performance standards established for project and current performance measures. Include number of program participants served for the period July 1, 2001 to June 30, 2002. Please include any additional available empirical evidence attesting to the effectiveness of the Practice. (Attach additional pages if needed)

**Award category for which Promising Practice is being submitted:**

☐ **Academic:** Projects designed to increase academic achievement, including completion of a high school diploma or GED, post-secondary education, or increasing literacy skills, including English as a Second Language.

☐ **Occupational:** Projects that lead to meaningful employment, including work experiences, apprenticeship programs, vocational training, entrepreneurship training/activities or employability skills training.

☐ **Youth Development-Other:** Projects designed to meet other youth development needs, including self-awareness activities, supportive services or leadership activities.

☐ **Youth Program Organization:** Projects in which innovative design leads to increased/improved services to youth population, including common intake, client tracking and referral system, cost allocation, marketing strategies, staff collaboration, youth access to one-stop services or Youth Council functions.

☐ **Youth Led Projects in the Workforce Development Field:** Projects that are designed by youth to meet youth workforce development needs. A key component of this category is youth serving in a leadership position.

**If the Promising Practice serves a specific youth population or organizational customer, please identify:**

☐ In-school Youth

☐ Apprentices

☐ Ex-offenders/Offenders

☐ Immigrants

☐ Limited English Proficient

☐ Migrants/Seasonal Farmworkers

☐ Youth Councils

☐ Job Corps Centers

☐ Other (Please describe)

☐ Out-of-School Youth

☐ Disabled

☐ Homeless

☐ Indians/Native Americans/

Alaskan Natives

☐ Welfare Recipients

☐ Youth Opportunity Grantee

☐ Unknown

**Identify the geographic scope of the Promising Practice:**

☐ City/Municipal

☐ County

☐ State

☐ Regional

☐ National

☐ Other (please describe)

☐ Suburban

☐ Urban

☐ Rural

☐ Tribal

☐ Unknown

**Please provide contact information for three customers, partners or employers who would be willing to provide a testimonial in support of the Promising Practice:**

Name:

Position:

Organization:

Street:

P.O. Box:

City, State, Zipcode:

Telephone:

Fax:

E-Mail:

Preferred Method of Contact:      Phone      E-Mail

Name:

Position:

Organization:

Street:

P.O. Box:

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